



**OFFICE OF THE MEDICAL DIRECTOR
DEEN DAYAL UPADHYAY HOSPITAL
GOVT.OF NCT OF DELHI
HARI NAGAR, NEW DELHI-110064
Purchase Section**

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F12(22-C)/4079/Pathology/2023-24/DDUH/PUR/

Dated

NOTICE REGARDING PROCUREMENT OF PROPRIETARY ITEMS

This hospital intents to procure the consumable items for ACL-Elit Pro coagulation Analyzer e on PAC basis , which have been certified as proprietary items by user department. Detail of items is as given below

S NO	DETAIL OF ITEMS	Quantity Required	NAME OF PRINCIPAL FIRM
As per Annexure attached with the Notice			

The Notice is being uploaded on website of department of H&FW of Delhi Govt. for considering or bring in notice of any individual or firm regarding procurement of above mentioned items/goods/accessories on Proprietary basis (PAC).

Any query/representation related to above mentioned proposal may please be submitted in the dairy/dispatched section of office of Medical Director, DDU hospital, Hari Nagar, New Delhi 110064 within 7 days of publishing the deliberation notice on the portal.

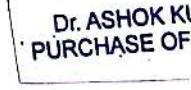
In case no query/representation receives by this Hospital within 7 days the proposed procurement will be made as per applicable rule/GFR.

This issued with prior approval of Competent Authority ie Worthy Medical Director, DDU Hospital.

Enclosure :

- Terms and conditions for supply of Goods
- Annexure- List of required items


**Purchase Officer
DDU Hospital**


**Dr. ASHOK KUMAR
PURCHASE OFFICER-II**

Terms and Conditions

- Hospital Supply
- a. Each packet of item should be marked as 'Hospital Supply'
 - b. Supply should be made strictly in accordance with the approved specification/sample.
 - c. Full delivery should be made to the concerned store of this Hospital during working days b/w 9 AM to 3PM on F.O.R. destination basis within.
 - d. 35 days from the date of the issue of the supply order in the case of Indian items.
 - e. 90 days from the date of the issue of the supply order in the case of imported items.
 - f. Please mention the code No. of the item while billing/supply.
 - g. Supply should be made strictly in accordance with the approved specification/sample.
 - h. Quality Certificate should be submitted along with the supply.
 - i. All suppliers must submit original invoices along with E-way bill.


Dr. ASHOK KUMAR
PURCHASE OFFICER-II

Annexure

S.NO.	Name of the Item	NAME OF PRINCIPAL FIRM
1.	ACL PT RECOMBIPLASTIN 2G HEMOSIL (5+5 X 20 ML)	ACL-Elite Pro
2	ACL ATT RGT SYNTHASIL HEMOSIL 5X10ML+5X10ML	ACL-Elite Pro
3.	ACL CONTROL NORMAL HEMOSIL	ACL-Elite Pro
4.	ACL CONTROL LOW ABNORMAL HEMOSIL (10 X 1 ML)	ACL-Elite Pro
5.	ACL CONTROL HIGH ABNORMAL HEMOSIL (10 X 1 ML)	ACL-Elite Pro
6.	CLEANING SOLUTION 500 ML (CLEAN A)	ACL-Elite Pro
7.	CRITICAL CARE/HEMOSIL CLEANING AGENT 80 ML (CLEAN B)	ACL-Elite Pro
8.	WASH R EMULSION	ACL-Elite Pro
9.	SAMPLE CUPS 0.5 ML (1000/Pkt)	ACL-Elite Pro
10.	CALIBRATION PLASMA (10X 1 ML)	ACL-Elite Pro


Dr. ASHOK KUMAR
PURCHASE OFFICER-II